

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN APPLICATION OF:

Vroman, Jacob

ART UNIT: 1616

EXAMINER: Williamson, Michael

SERIAL NO.: 09/518,554

FILED: 03-March-2000

FOR: Micronized Vitamin C Formulatin

RECEIVED

MAR 31 2003

OFFICE OF PETITIONS

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date indicated below.

Date: 3/28/03

Signature Melissa A. Keddy

Printed Name: Melissa A. Keddy

BOX 313(b)

Assistant Commissioner for Patents

Washington, DC-20231

04/01/2003 HLE555 00000004 09518554

01 FC:1460

130.00 OP

PETITION UNDER 37 C.F.R. § 1.313(c)

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APR 01 2003
OFFICE OF PETITIONS
DECLINED

Repln. Ref: 04/01/2003 HLE555 0014430400
DAH:502285 Name/Number: 09518554
FC: 9204 \$45.00 CR

Applicant hereby petitions under 37 C.F.R. § 1.313(c) for the captioned application to be withdrawn from issuance. The Issue Fee Payment for this application was filed with the United States Patent and Trademark Office on 20-February-2002 via first class mail. Applicant has not yet received the Issue Notification Notice from the United States Patent and Trademark Office.

This petition is filed in order to submit a Request for Continued Examination with the appropriate fee. Applicant submits this petition and request so that a Supplemental Information Disclosure Statement can be considered in the examination of the captioned patent application. The petition fee of \$130.00 set out in 37 C.F.R. 1.17(h) is included

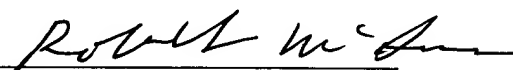
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

herewith. Also included with this petition is a Request for Continued Examination with the appropriate fee and a Supplemental Information Disclosure Statement.

No additional fees are believed to be due in connection with this communication. However, please apply any additional charges, or credit any overpayment, to Deposit Account No. 50-2285.

Respectfully submitted,

Dated: 3/28/03


Robert McIsaac, Ph.D.
Registration No. 46,918
Attorney for Applicant

Keown & Associates
500 West Cummings Park
Suite 1200
Woburn, MA 01801
781-938-1805

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FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 505.00

Complete if Known

Application Number	09/518,554
Filing Date	03/03/2000
First Named Inventor	Vroman, Jacob
Examiner Name	Williamson, Michael
Group Art Unit	1616
Attorney Docket No.	AIP-001US1

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 50-2285
Deposit Account Name

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims -20** = X =
Independent Claims -3** = X =
Multiple Dependent =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

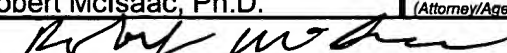
3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	130	Non-English specification	
1812 2,520	2,520	For filing a request for ex parte reexamination	
1804 920*	920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,280	2453 640	Petition to revive - unintentional	
1501 1,280	2501 640	Utility issue fee (or reissue)	
1502 460	2503 230	Design issue fee	
1503 620	2503 310	Plant issue fee	
1460 130	130	Petitions to the Commissioner	130.00
1807 850	50	Processing fee under 37 CFR 1.17(q)	
1806 180	180	Submission of Information Disclosure Stmt	
8021 40	40	Recording each patent assignment per property (times number of properties)	
1809 740	2809 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 740	2810 370	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 740	2801 370	Request for Continued Examination (RCE)	375.00
1802 900	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 505.00

SUBMITTED BY

Name (Print/Type)	Robert McIsaac, Ph.D.	Registration No. (Attorney/Agent)	46,918	Telephone	781-938-1805
Signature		Date	5/28/03		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																							
1 Date of Request: <u>4-1-03</u>		2 Serial/Patent # <u>09518554</u>																					
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td><td style="padding: 2px;">Filing</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Amendment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Extension of Time</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Notice of Appeal/Appeal</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Petition</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Issue</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Cert of Correction/Terminal Disc.</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Maintenance</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Assignment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="padding: 2px;">Other</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Extension of Time	<input type="checkbox"/>	Notice of Appeal/Appeal	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Issue	<input type="checkbox"/>	Cert of Correction/Terminal Disc.	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Assignment	<input type="checkbox"/>	Other	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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7 TOTAL AMOUNT OF REFUND		\$ 45 ⁰⁰																					
8 TO BE REFUNDED BY:																							
10 REASON:		Treasury Check																					
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:																					
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<input type="checkbox"/> No Fee Due (Explanation):																							
11 REFUND REQUESTED BY:																							
TYPED/PRINTED NAME: <u>F Hicks</u>		TITLE: <u>Petsy N</u>																					
SIGNATURE: <u>[Signature]</u>		PHONE: <u>205-8680</u>																					
OFFICE: <u>470</u>																							
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APPROVED: <u>Han le</u>		DATE: <u>4/1/03</u>																					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B